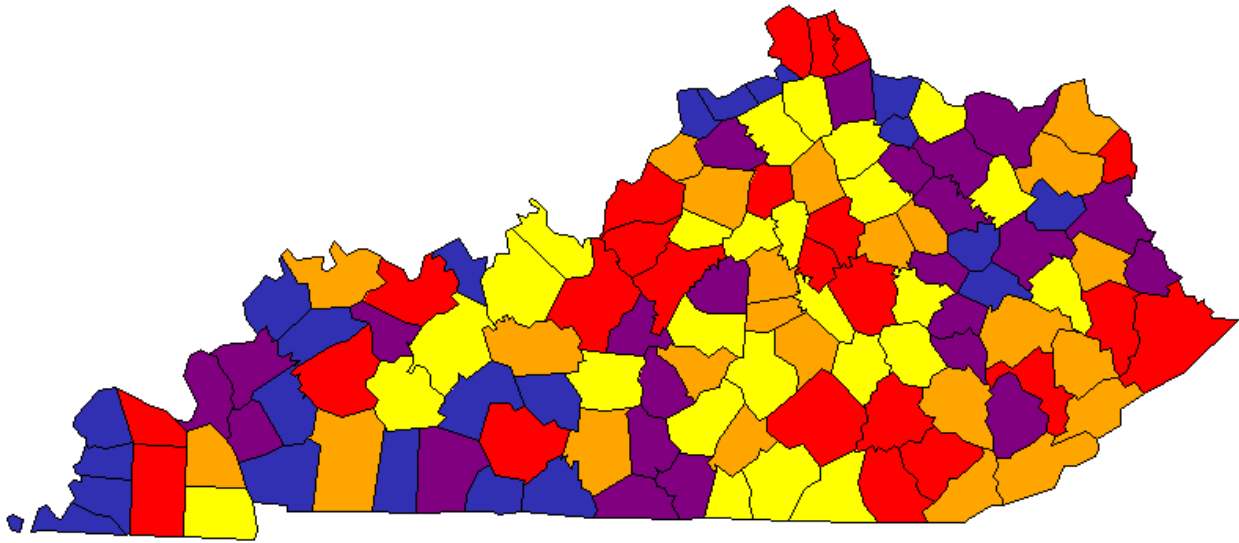


Kentucky Traumatic Brain Injury Trust Fund Board of Directors



Annual Report

July 1, 2010 through June 30, 2011

Cabinet for Health and Family Services
Department for Aging and Independent Living



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**Board of Directors
Kentucky Traumatic Brain Injury Trust Fund
Fiscal Year 2011**

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Brain Injury Alliance of Kentucky
Louisville, Kentucky

Deborah Anderson, Commissioner

Department for Aging and Independent Living
Designee for Janie Miller, Secretary
Cabinet for Health and Family Services
Frankfort, Kentucky

Kraig Humbaugh, M.D., State Epidemiologist

Department for Public Health
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<https://chfs.ky.gov/dail/braintrust.htm>

Kentucky Brain Injury Trust Fund

A Message from the Board of Directors' Chairperson, Mary Hass

"When things go wrong as they sometimes will;
When the road you're trudging seems all uphill;
When the funds are low, and the debts are high
And you want to smile, but have to sigh;
When care is pressing you down a bit-
Rest if you must, but do not quit.
Success is failure turned inside out;
The silver tint of the clouds of doubt;
And you can never tell how close you are
It may be near when it seems so far;
So stick to the fight when you're hardest hit-
It's when things go wrong that you must not quit."
~ Unknown



Perseverance is a characteristic easily identified in individuals and families affected by brain injury in Kentucky. Individuals with brain injuries, family members, as well as brain-injury advocacy groups continue to identify the need for more services in Kentucky in order to ensure quality living is obtained. The Kentucky Brain Injury Trust Fund Program continues as the leader in service identification and delivery for individuals and families affected by brain injury.

The Trust Fund is diligent in its efforts to ensure that individuals and family members affected by brain injury are served as close to home as possible. Identifying the ongoing needs of individuals and their families, as well as providing supports and services for those needs is the main focus of the Board of Directors. In particular, the Board is committed to overcoming the ongoing challenges faced by all residents of Kentucky who have suffered brain injury, and securing services for them to remain in their communities. The Board recognizes the large numbers of Kentucky military personnel returning home with brain injuries, and collaborates with federal, state, and local agencies to provide annual educational opportunities as well as resources for the benefit of Veterans and their families affected by brain injury.

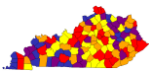
With the growing numbers of individuals affected by brain injury, the Board is challenged but focused upon being resourceful in addressing the issue of brain injury within Kentucky. Significant efforts have been made in attempts to reduce the number of individuals awaiting benefits. Operating as strong fiscal stewards, the Board continues to ensure that the Trust Fund is a payor of last resort. Despite these efforts however, the Board is extremely concerned about the growing numbers of individuals who are waiting for services and/or care items. Unfortunately, revenues to the Trust Fund have decreased by approximately 32% since the last fiscal year.

Taken together, the statistics provided within this report indicate the significant impact of brain injury on Kentucky and its residents. The Trust Fund strives to serve all individuals with brain injury for the betterment of our Commonwealth. If you would like to learn more about how you can help Kentucky's citizens affected by brain injury, we encourage you to contact the Kentucky Brain Injury Trust Fund Program within the Department for Aging and Independent Living at 502-564-6930. Your continuing support of the Kentucky Brain Injury Trust Fund and the activities of the Board are deeply appreciated.

Thank you,
Mary Hass

Kentucky Traumatic Brain Injury Trust Fund Board of Directors Annual Report FY 2011

History and Statutory Authority



The Kentucky Traumatic Brain Injury (TBI) Trust Fund was created by the Kentucky General Assembly in 1998 to provide services to children and adults with acquired and traumatic brain injuries across the Commonwealth. Traumatic brain injury (TBI), as defined in statutes KRS 211.470 to 211.478, is a partial or total disability caused by injury to the central nervous system from physical trauma, damage to the central nervous system from anoxia, hypoxic episodes, allergic conditions, toxic substances, or other acute medical clinical incidents resulting in impaired cognitive abilities or impaired physical functioning. TBI does not include strokes treatable in nursing facilities; spinal cord injuries; depression and psychiatric disorders; progressive dementias and other mentally impaired conditions; mental retardation and birth defect-related disorders of a long standing nature; or neurological degenerative, metabolic, and other medical conditions of a chronic, degenerative nature.

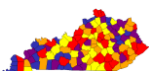
The statute provides for a nine-member governing Board of Directors charged with fulfilling the following mandates:

- Administer the TBI Trust Fund;
- Promulgate administrative regulations;
- Establish a confidential registry for traumatic brain and spinal cord injuries;
- Investigate the needs of people with brain injuries and identify gaps in services;
- Assist in the development of services for people with brain injuries; and
- Monitor and evaluate services provided by the TBI Trust Fund.

For administrative purposes, the Kentucky TBI Trust Fund Board of Directors is attached to the Kentucky Cabinet for Health and Family Services (CHFS), Department for Aging and Independent Living (DAIL), which provides direct staff support to the Board.

Additionally, KRS 211.474 requires that the TBI Trust Fund Board provide the Governor, the General Assembly, and the Legislative Research Commission an annual report by each year summarizing the activities of the Board and the TBI Trust Fund.

Funding Mechanism




KRS 42.320 (2) (d) designates that the TBI Trust Fund receive 5.5 percent of all court costs collected by circuit clerks, to be used to serve individuals with brain injury, up to \$2,750,000 annually.

KRS 189A.050 (3) (d) 1 specifies that eight percent of the driving under the influence (DUI) service fees after the first fifty dollars shall be credited to TBI Trust Fund.

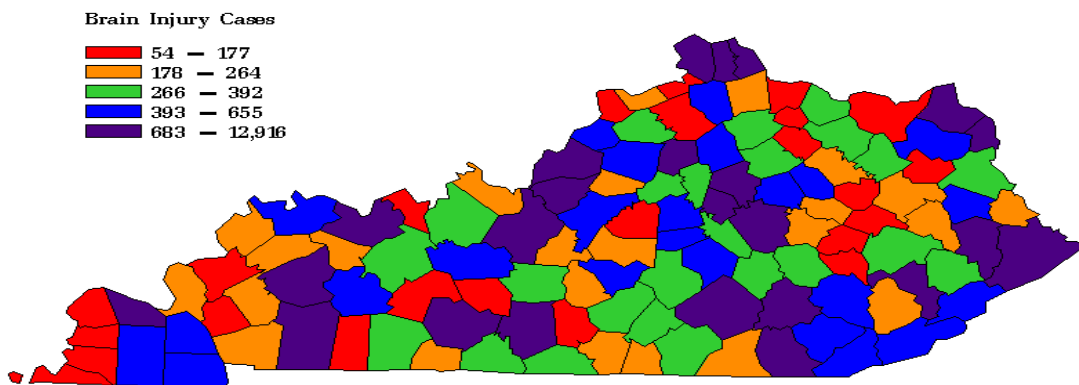
Collectively, the funds average approximately \$2.3 million, a significant decrease from an estimated \$3.4 million just two years ago.

Kentucky TBI Registry Review

 Pursuant to its mandate to establish a registry for traumatic brain and spinal cord injuries, the Board again funded a surveillance project in FY 2011 through a contract with the University of Kentucky (UK). The Kentucky Injury Prevention and Research Center (KIPRC) located at UK collects hospital discharge data for analysis and dissemination. This information is used to estimate the incidence and causation of brain injuries in Kentucky, as well as the demographic characteristics of injured persons. The report illustrates the impact of brain injury on the citizens of Kentucky.

The Kentucky Traumatic Brain Injury & Spinal Cord Injury Surveillance Report for FY 2011 includes valuable data on emergency department visits, hospitalizations, and hospital deaths for injuries that include traumatic brain injuries (TBI), acquired brain injuries (ABI), and stroke.

Kentucky Brain Injury* Hospital Visits by County, 2010
*Includes TBI, ABI, and Stroke



Source: Kentucky TBI Surveillance Project.

The above map of Kentucky shows the distribution of brain injury cases (including TBI, ABI, and stroke cases) in the Commonwealth. A total of 72,438 Kentucky residents were treated for brain injury in Kentucky hospitals (including both fatal and non-fatal visits to either the emergency department or hospitalized as an inpatient) for 2010.

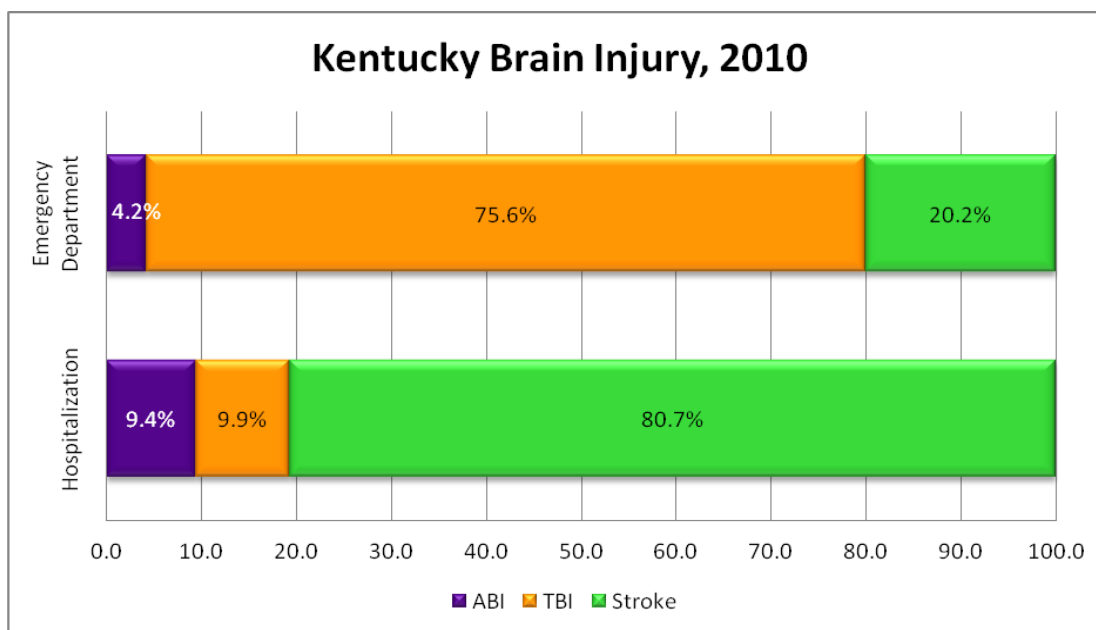
Jefferson County, which is the most populous county, contributed the largest number of total brain injury cases with 12,916. This represented almost 18% of all cases and was

over three times the number of cases from the next largest county, Fayette (4,049). It should be noted that a brain injury case is assigned to the county of residence, not the county of treatment.

Based upon number of cases and age-adjusted rates per 100,000 residents, prevalence of TBI and ABI was highest in eastern Kentucky followed by the south central and western parts of the state respectively. The counties listed below have ranked in the top 25% of Kentucky counties for TBI and ABI cases based on population in the last four out of five years:

- TBI: Clay, Owsley, Perry, and Taylor
- ABI: Breathitt, Casey, Knox, McCracken, and Owsley

Further analysis shows, as depicted in the graph below, that in 2010, of the individuals diagnosed with brain injury that were treated and released from a Kentucky emergency department (35,960), 4.2% (1,521) of individuals were diagnosed with ABI, 75.6% (27,193) of individuals were diagnosed with TBI, and 20.2% (7,246) of individuals were diagnosed as having had a stroke. In 2010, of the individuals diagnosed with brain injury that were hospitalized (37,337), 9.4% (3,505) were diagnosed with ABI, 9.9% (3,694) were diagnosed with TBI, and 80.7% (30,138) were diagnosed as having had a stroke.

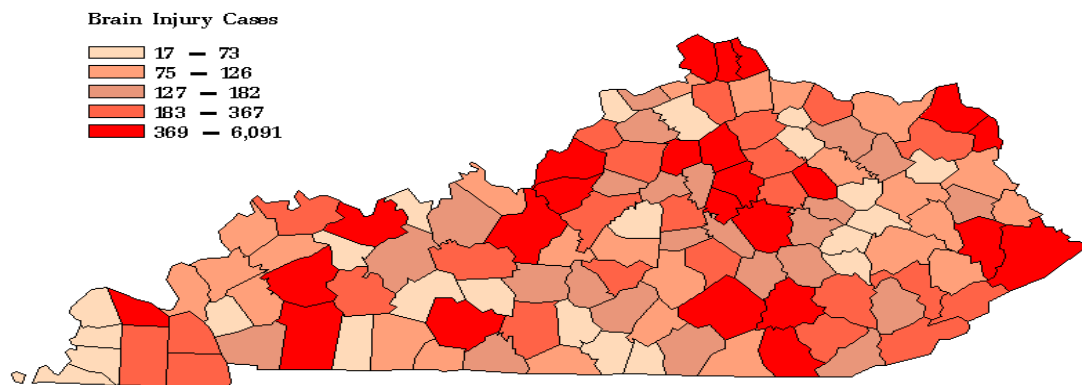


Using the most recent available data, it has been determined that the number of individuals sustaining fatal brain injuries continues to increase each year in Kentucky with an approximate 1,063 Kentuckians dying from a TBI in 2010. On average, TBI has played a role in the hospitalization or emergency department visits of 86 Kentuckians per day. In addition, according to the KIPRC's most recent data, 6,072 Kentucky residents entering into the hospital and surviving their injuries had significant deficits after sustaining a brain injury.

In 2008, the Kentucky Hospital Association began collecting electronic records for outpatient encounters from Kentucky hospitals, including emergency department visits. In 2010, over 28,595 individuals were seen in a Kentucky emergency department, diagnosed with a brain injury, and subsequently discharged. The graph below provides an illustration of the number of brain-injury related Kentucky emergency department (ED) visits per county.

Kentucky ED Brain Injury Cases* by County, 2010

*Includes TBI, ABI, and Stroke.

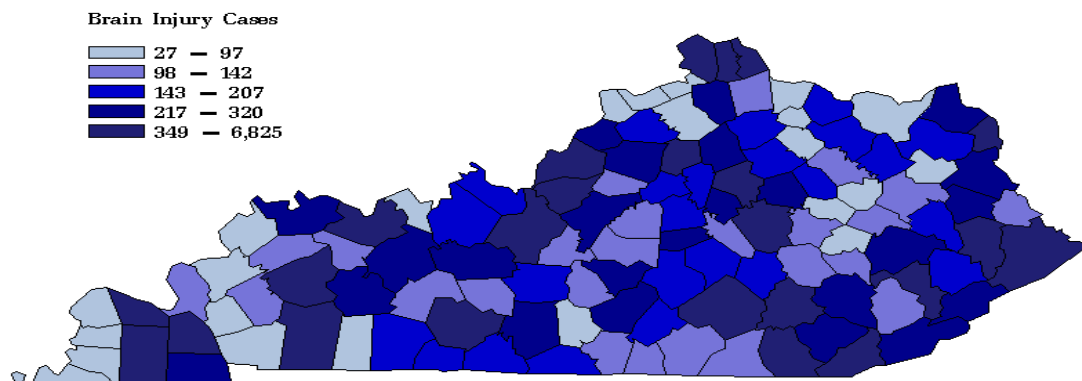


Source: Kentucky TBI Surveillance Project.

Further, based on current data, the number of non-fatal TBI cases for Kentuckians treated and released from emergency departments each year is between approximately seven to eight times the numbers of non-fatal inpatient admissions for TBI. The following graph provides a breakdown by county of the number of brain-injury related hospital admissions (Inpatient) in 2010.

Kentucky Inpatient Brain Injury Cases* by County, 2010

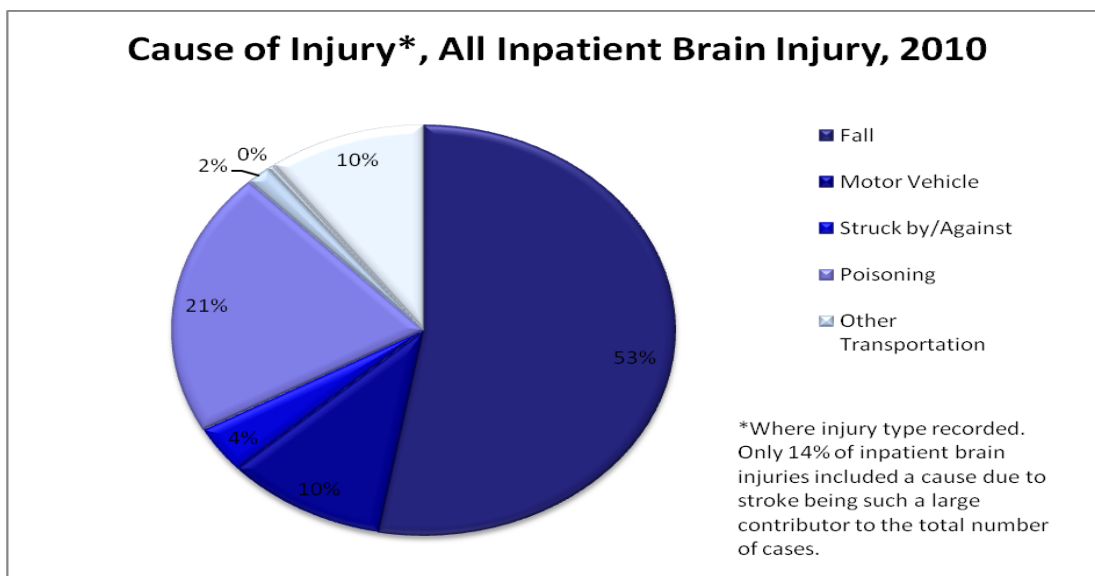
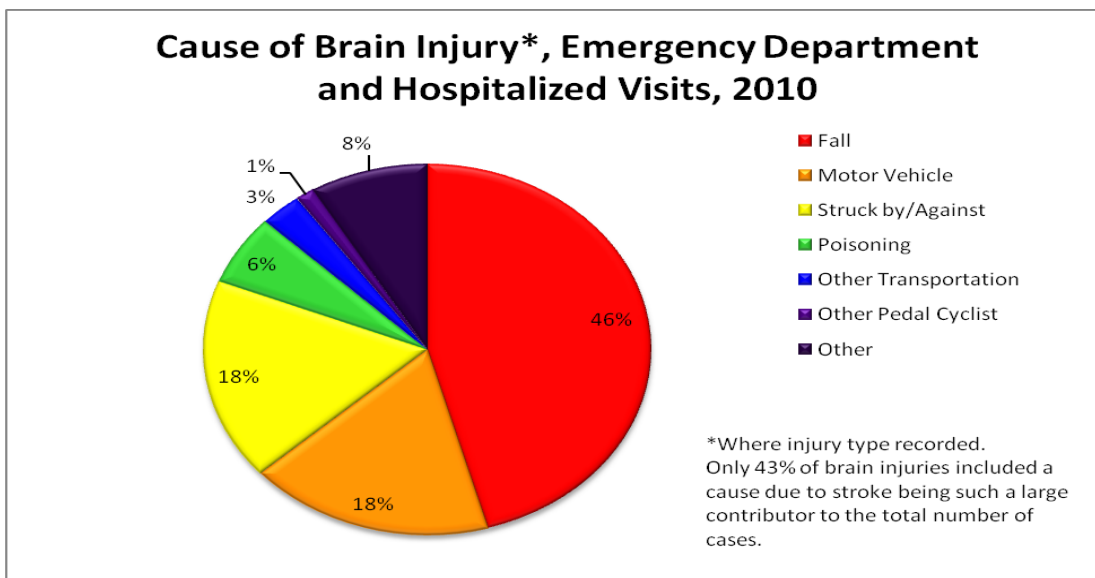
*Includes TBI, ABI, and Stroke.



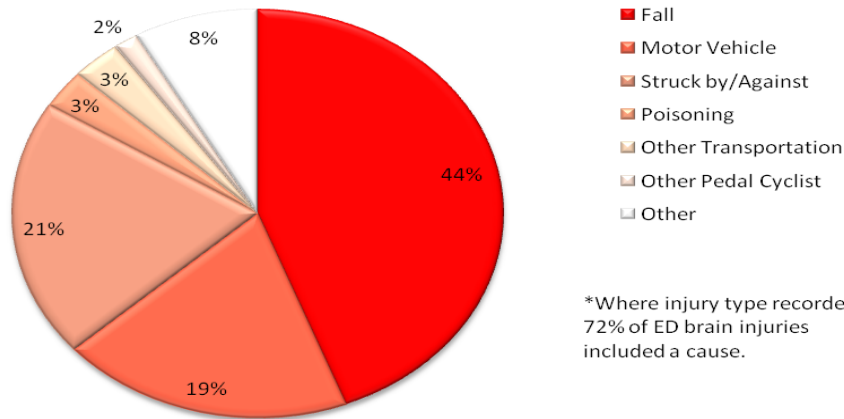
Source: Kentucky TBI Surveillance Project.

Additional data reported to KIRPC reveals the most common causes of brain injury in Kentucky. The results of the inpatient and the outpatient data for 2010 suggests that leading causes of TBI are falls in persons aged 0-4 years and persons aged 65 years and older. Incidences of falls have surpassed with a rate of over two times that of motor vehicle traffic crashes in TBI. Anoxia, an absence of oxygen to the brain, was most common among persons aged 45 to 65 and older sustaining an ABI. Exposure to toxic substances was greatest among those aged 25-64 for those who have an ABI.

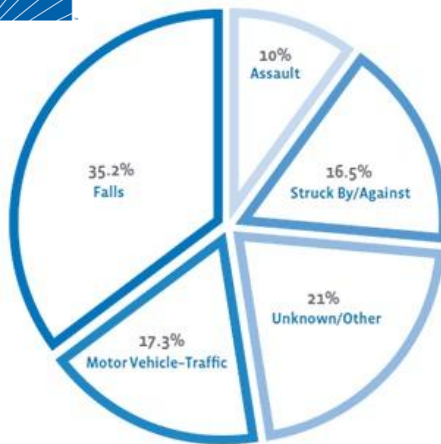
The following graphs show the most prevalent overall causes of brain injury in Kentucky in 2010, the causes that led to hospital admissions (Inpatient) for brain injury, the causes of injury that were treated and released from Kentucky emergency departments (ED), and the leading causes of TBI nationally as reported by the Centers for Disease Control and Prevention (CDC), respectively. Kentucky's causes of injury remain consistent with national reported statistics.



Cause of Injury*, All ED Brain Injury, 2010



Centers for Disease Control and Prevention

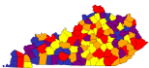


The leading causes of TBI are:

- Falls (35.2%);
- Motor vehicle – traffic (17.3%);
- Struck by/against events (16.5%)
- Assaults (10%)

<http://www.cdc.gov/traumaticbraininjury/causes.html>

Benefit Management Program – Trust Fund Status



The Benefit Management Program (BMP) was established by the Board in April 2001 to govern the operation of the TBI Trust Fund. 910 KAR 3:030 established the responsibilities of the BMP and the procedures for obtaining benefits from the TBI Trust Fund.

In accordance with the regulations, the BMP is required to:

- Establish a toll-free number;
- Engage in public information activities;
- Provide case management services to eligible applicants and recipients;

- Accept applications for benefits from the TBI Trust Fund and distribute benefits to recipients based upon an approved service plan; and
- Establish a Service Plan Review Committee for the purpose of reviewing service plans for approval.

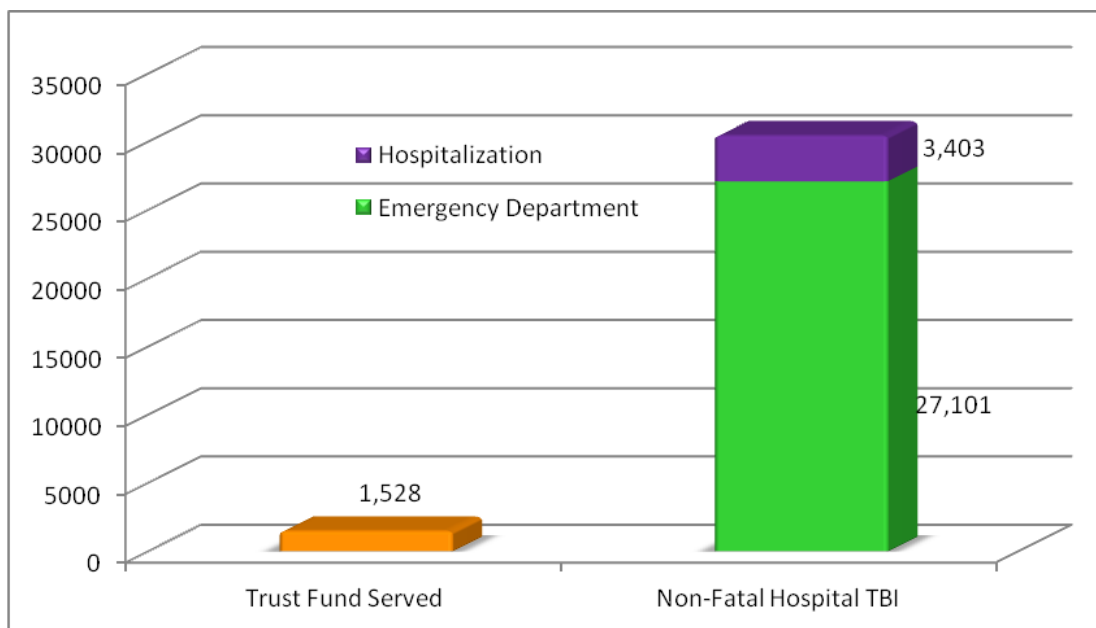
Eckman, Freeman & Associates was awarded the contract to administer the BMP for the TBI Trust Fund July 1, 2010 – June 30, 2012. Since the program's inception in 2000, the TBI Trust Fund has served approximately 3,667 clients. Although serving 3,000+ individuals is an achievement for such a small program, the TBI Trust Fund, at current funding levels cannot begin to address the needs of the growing number of individuals diagnosed with brain injury each year.

The growing number of referrals, with no increase in available funding in FY2011, has been a significant concern. Presently, over 500 clients are waiting the necessary funding to maintain their community placement. It is imperative for the future support and care of individuals with brain injury and their families that funding increases to meet the needs of this unique population.

Each day can bring a crisis to a person with a brain injury who has limited resources and ability to access services. The TBI Trust Fund Board of Directors, in conjunction with DAIL and the BMP third-party administrator, has taken steps to attempt to improve the TBI Trust Fund referral process. First, it was deemed necessary to eliminate the 'emergency referral' status. Placing newer referrals above existing clients on the waiting list extended wait time for those existing referrals. In reality, all individuals in need of funding for services through the TBI Trust Fund are considered emergent. Secondly, regulations stating that the TBI Trust Fund must be the payor of last resort have been more closely enforced by the BMP. As a means to ensure payor of last resort, the BMP are participating in DAIL's Care Coordination project, which is a means to track all services a client is receiving to avoid duplication and ensure client's needs are met effectively and efficiently. Lastly, the BMP continues to train case managers to access community resources and alternate payor sources whenever possible. There are times when individuals with brain injury and/or their families are unaware of community resources that may meet a need. The BMP case managers have been able to assist clients with such resources, which even if not meeting all of a client's needs, might in fact meet a portion of the client's overall service needs. Whereas these efforts have helped the BMP to reach-out to more individuals with brain injury in need of services, unfortunately, client needs necessitating funding simply cannot be satisfied at current funding levels, thus perpetuating a lengthy waiting list.


Kentucky Traumatic Brain Injury Trust Fund Program

Comparison of Numbers of Injuries Recorded in Kentucky Hospitals versus the Numbers of Individuals Served by the Trust Fund



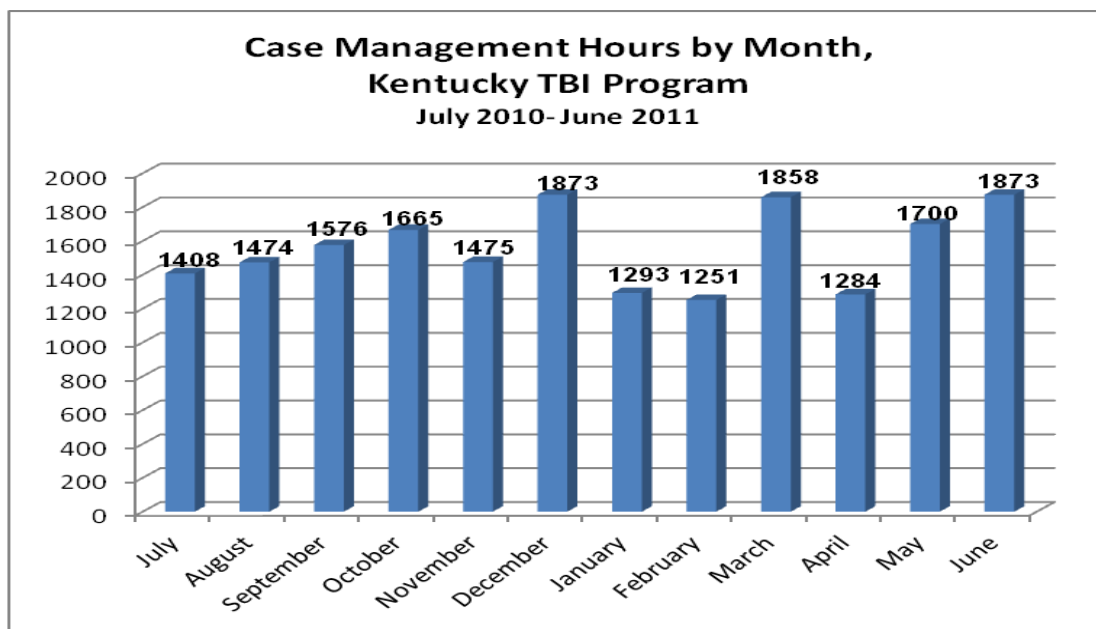
The graph above depicts the most current data available of all hospitalized and emergency department visits of brain injury patients in Kentucky versus the number of individuals served by the TBI Trust Fund. As illustrated, there are a significant number of individuals with brain injury living in Kentucky with only a small percentage receiving services due to budgetary constraints. The Trust Fund provided services to 1,528 persons with brain injuries while approximately 30,504 individuals were injured. While the Board works diligently to educate the public about the TBI Trust Fund and strives to serve all persons referred to the program, it continues to explore alternative funding sources to address the ongoing needs of those affected by brain injury.

Case Management Services Provided



The Benefit Management Program (BMP) offers case management services at no cost to eligible applicants and recipients of assistance from the TBI Trust Fund. Case management services have been innovatively designed to access the available natural supports and local resources in the communities of the approximately 3,667 clients served since the program's inception in order to ensure the TBI Trust Fund remains a funding source of last resort. Case managers assess the applicant's eligibility for requests, identify the applicant's needs for services and supports, and assist in the development of service plans and requests. The case manager also monitors the delivery of services and supports to the recipient and educates applicants, recipients,

and family members. Since August 2001, the BMP has leveraged approximately \$5 million worth of additional services from other community options and natural supports.



As the above graph illustrates, the BMP case managers provide thousands of hours to TBI Trust Fund clients. Clients are served holistically regardless of availability of funding. The Board is proud of the dedication of the case managers and their efforts to ensure the health, safety and well-being of the clients is maintained and sustained.

Fiscally, it is the goal of the TBI Trust Fund Board, DAIL, and the BMP to be consistent, fair, and efficient stewards of the monies designated for the TBI Trust Fund. The below chart provides a basic breakdown of TBI Trust Fund expenditures. It is important to note that the BMP is limited to 10% administrative costs with the majority of the allocation provided for direct client services.

Expenditures for Fiscal Year 2010

ITEM	AMOUNT
Benefit Management Program (BMP)	\$2,200,000.00
University of Kentucky Kentucky Injury Prevention and Research Center (KIPRC) Surveillance/Registry	\$75,000.00
Administration Support – Traumatic Brain Injury Program- Department for Aging and Independent Living (DAIL)	\$81,786.40
Grand Total for FY 2010	\$2,356,786.40

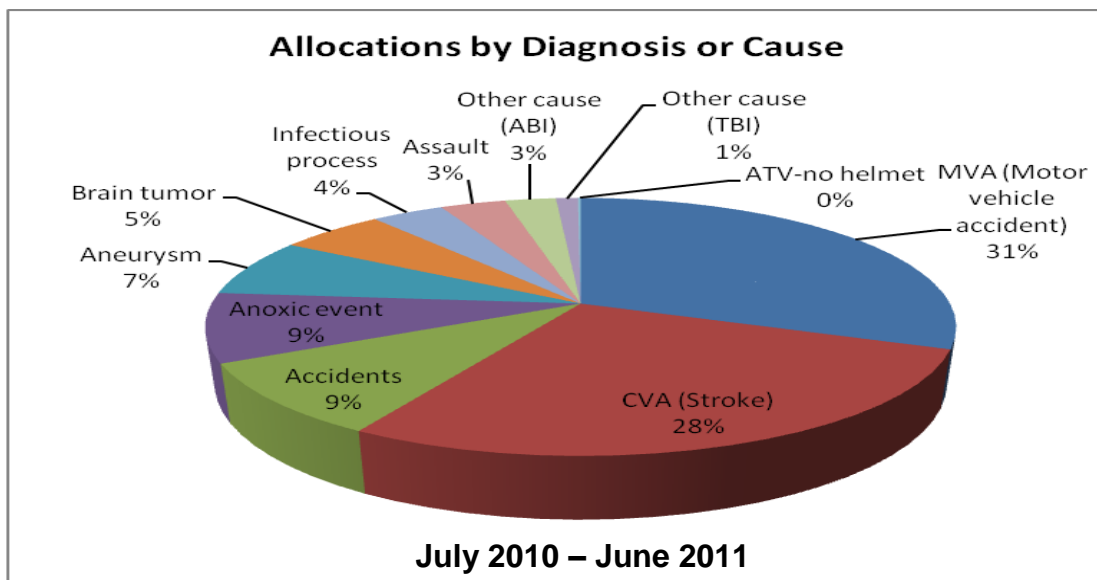
Of the monies designated for direct client services, the below graphs provide a more in depth analysis of TBI Trust Fund allocations by diagnosis or cause of brain injury versus

the number of clients per diagnosis or cause. Motor vehicle accidents are the cause of the majority of brain injuries sustained by TBI Trust Fund clients receiving allocations.

Kentucky Traumatic Brain Injury Trust Fund Fiscal Year 2011

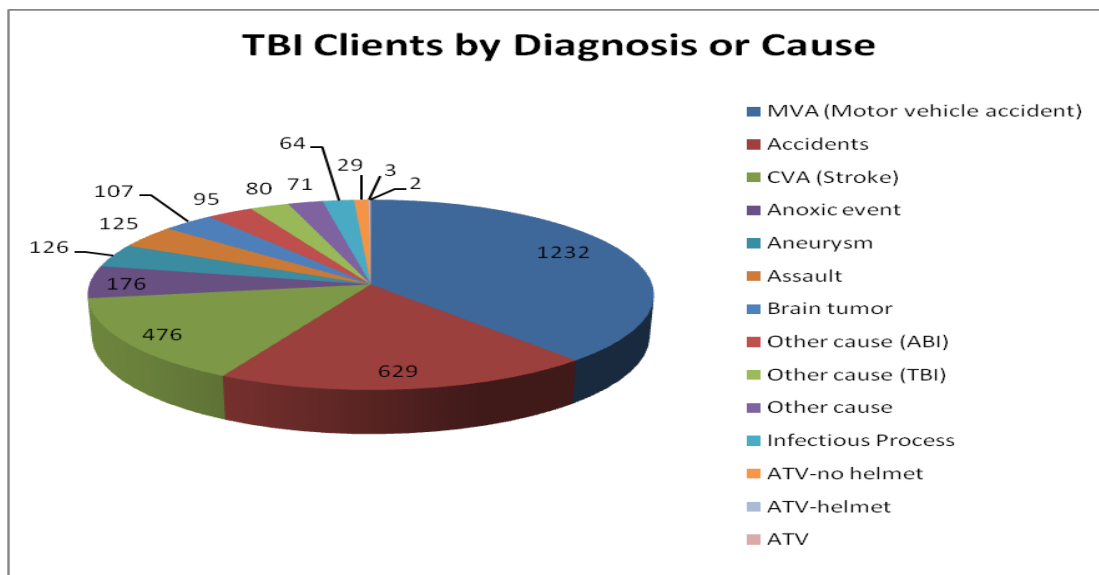
Allocations by Diagnosis

Total Allocations July 1, 2010 – June 30, 2011: \$799,402.14



Kentucky Traumatic Brain Injury Trust Fund Fiscal Year 2011

Clients by Diagnosis (Since Inception of Program)



Conclusion



The Traumatic Brain Injury Trust Fund, established by the Kentucky General Assembly, has been able to serve over 3,000 citizens with brain injury since the Trust Fund's inception in 1998. However, in 2010 alone, more than 72,000 Kentuckians were treated for brain injury either in emergency departments or by inpatient hospitalization. Working in conjunction with DAIL and the current BMP for the Trust Fund, the Trust Fund Board of Directors remains diligent in attempts to ensure service provision, identification of community resources, and ongoing supports for individuals and families affected by brain injury, including the numerous Kentucky military personnel returning home with brain injuries.

The Board continually strives to ensure quality, effectiveness, and efficiency within every aspect of TBI Trust Fund operations. Unfortunately due to a significant reduction in funding over the last two fiscal years, there is a lengthy waiting list for services and/or care items the TBI Trust Fund may provide to individuals with brain injury. In light of the growing number of brain injuries sustained by Kentucky residents each year, an increase in referrals to the TBI Trust Fund as the payor of last resort, and without an increase in available funding, the ability of the Kentucky TBI Trust Fund Board to fulfill its purpose as the leader in service identification and delivery for individuals and families affected by brain injury is of serious concern.